

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/22/2019  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965167</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>04/11/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ABOVE THE REST ASSISTED LIVING FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2360 MADRID AVENUE S.E.<br/>PALM BAY, FL 32909</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced monitoring visit related to emergency environmental control planning was conducted at Above the Rest ALF (license # 9646) on . . . . . Deficient practices were found at the time of the visit.</p> <p><b>0200 - Emergency Environmental Control - 58A-5.036 FAC</b></p> <p>Based on record review and interview, the facility failed to ensure the safety of residents by completing all components of the emergency environmental action plan.</p> <p>Findings:</p> <p>During the review of records on . . . . ., 2019, at 12:45 p.m. the emergency management plan was requested. No written plan or approval letter could be produced. Interview with the owner, at that time, revealed that the emergency power plan had not been approved by the County.</p> <p>Class III</p> |                                                                                                |                                                     |